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SECRETARY OF STATE
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COVER LETTER

TO:

SUBJECT:

Registration Section
Division of Corporations

WATERSTONE CAPITAL LARGO HOLDING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD WASERSTEIN

Name of Person

Firm/Company

1124 KANE CONCOURSE

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

WAS913@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD WASERSTEIN

at (305) 861-8000

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERSTONE CAPITAL LARGO HOLDING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on 10/03/201	3and assigned
Florida document number L13000139976		FIL 013 OCT 3D SECRETARY ALLAHASSE
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the		FLOG
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the o	designation "LLO" on the propreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JAIMINI MEHTA	1000 S POINTE DRIVE, #800	Add Add
		MIAMI BEACH, FL 33140	Remove
			Remove
		-	Remove
		TALLAH AH	Add Remove
		HASSEE, FLORIDA	30
		ÖA	Remove
			Add
	,		Remove

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D. If ame	nding any other in	formation, en	nter change(s) here: (Attach additional sheets, if necessary.))
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		<u>. </u>		
_ 	CTOBER	18	2013 \ (\	
Dated	OTOBLIC		-, '\ \ \ \ \ \ \ \ \ \ \ \ \ \	
			William Miles	
		Signature of	f a member or authorized representative of a member	
	RICHARD	WASERS	STEIN \	
			Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 30 PM 1: 52
SECRETARY OF STATE